

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-040537

STATE FILE NUMBER

318

1003

10248

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED NOV 1 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN
St. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** COUNTY

c. CITY
OR
TOWN
St. Louis

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION
Homer G. Phillips

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
1612 No. Leffingwell

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First
Missouri

Middle

Last
Mitchell

4. DATE
OF
DEATH

Month
10 Day
24 Year
62

5. SEX
Fem.

6. COLOR OR RACE
Negro

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
6/16/1882

9. AGE (last birthday)
80

IF UNDER 1 YEAR
Months Days

IF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Caldonia, Mo.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Ruben Manning

13b. MOTHER'S MAIDEN NAME

MARDA DAVIS

14. NAME OF HUSBAND OR WIFE

Mable Davis - 1612 No. Leffingwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, or unknown) (If yes, give war or dates of service)
No.

16. SOCIAL SECURITY NO.

17. INFORMANT
Mable Davis - 1612 No. Leffingwell

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Large Bowel Intestinal Obstruction

INTERVAL BETWEEN
ONSET AND DEATH
Undet.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

570.5

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Malnutrition, Dehydration & Arteriosclerotic Heart Disease

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **10-20-62** to **10-24-62** and last saw **her** alive on **10-24-62**

Death occurred at **11:00** **A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

J. C. Rube

(Degree or title)

22b. ADDRESS

2601 N. Whittier

22c. DATE SIGNED

10-25-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

10/27/62

23c. NAME OF CEMETERY OR CREMATORY

Potosi Cemetery

23d. LOCATION (City, town, or county)

Potosi Missouri

(State)

24. FUNERAL DIRECTOR

5010

ADDRESS

ENRIGH

25. DATE RECD. BY LOCAL REG.

OCT 26 1962

26. REGISTRAR'S SIGNATURE

W. A. Smith, M.D.

Metropolitan Funeral System, Inc.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

VS 300
Rev. 4/59

1

2 **22**

3

4 **3**

5 **2**

6

7 **0**

8 **2**

9

10

11

12 **77-0**

13

77

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student, Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

John K. Cunningham

Licensed Embalmer No. 4476

P. O. Address 2405 - Marcus

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.